



The HEART Payment

The Health Equity Advancement Resource and Transformation (HEART) payment was developed by CMS and State PMO to provide additional financial support to MDPCP practices serving socioeconomically disadvantaged populations to improve health outcomes and lower costs as well as promote the State's and CMS' goal to advance health equity.



The HEART payment can be used for supporting enhanced care transformation services related to the 5 comprehensive functions of advanced primary care

Comprehensive Primary Care Functions of Advanced Primary Care

Access and Continuity

Care Management Comprehensiveness and Coordination across the Continuum of Care

Beneficiary and Caregiver Experience

Planned Care for Health Outcomes

What is the HEART payment?

The HEART payment provides additional financial investments to MDPCP participants serving patients with high medical complexity and high ADI in order to address the complex needs of these under-resourced Medicare beneficiaries.

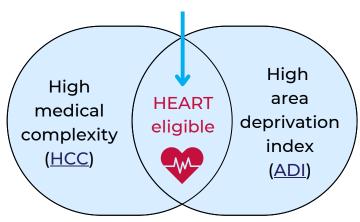
The HEART Payment is:

- \$110 per beneficiary per month
- Paid on a quarterly basis
- Not subject to recoupment based on a participant's performance on quality, utilization, and cost measures

Who qualifies for the HEART payment?

MDPCP beneficiaries are eligible based on beneficiaries' clinical and social risk scores.

4th HCC risk
tier
(75th - 89th
percentile)
OR
Complex
risk tier
(90th - 99th
percentile)



Highest
deprivation
quintile of
ADI
(based on
MDPCP
beneficiary
population)

Examples of HEART payments uses in practices

HEART payments have been used by MDPCP participants on both the **beneficiary level** and **practice level**. Here are some examples:

Beneficiary Level Uses

Payments are intended for interventions for specific HEART-qualifying beneficiaries.



- Conducted a needs assessment with HEART beneficiaries to inform initiatives
- Facilitated access to housing support or utility assistance for eligible beneficiaries
- Explored and expanded transportation assistance for eligible beneficiaries

Practice Level Uses

Practice-wide uses of funds may allow practices to build practice infrastructure to most effectively address needs of HEART-qualifying beneficiaries.



- Integration of social needs screening workflows into EHRs
- Created relationships with community-based organizations related to food assistance, including meal and grocery-delivery services
- Hired community health workers and integrating them into care management teams and workflows

Glossarv

ADI - Area Deprivation Index

CMS - Centers for Medicare & Medicaid Services

HCC - Hierarchical Condition Category

HEART Payment - Health Equity Advancement Resource and Transformation Payment

MDPCP - Maryland Primary Care Program

PMO - Program Management Office

